JUL 23 1932

65-3-14

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19354

1. PLACE OF DEATH
46 County Howel
2 Township Goldsberry
3 City Mt View (No. ..... St. ..... Ward)

Registration District No. 383
Primary Registration District No. 4226

File No. .....
Registered No. 16

2. FULL NAME David E Edwards

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Edwards

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 5 - 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	66	3		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer) 28
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) E Iowa 2

PARENTS
10. NAME OF FATHER Edward Edwards
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Wales 8
12. MAIDEN NAME OF MOTHER Ann Thomas
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Wales

14. INFORMANT Mrs Fay Edwards
(Address) Mt View Mo

15. FILED June 21, 1932 Genevieve T. Goss REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 19 1932

17. I HEREBY CERTIFY, That I attended deceased from April, 1932, to June, 1932, that I last saw him alive on June 19, 1932 and that death occurred, on the date stated above, at 1 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental shot
1X4
118C
(duration) ..... yrs. 1 mo. ..... ds.

CONTRIBUTORY (SECONDARY) by abcess on stomach caused by the shot (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
(1) DID AN OPERATION PRECEDE DEATH? No DATE OF (1)
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) W T Dickerson, M. D.
, 19 (Address) Mt View Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt View
DATE OF BURIAL June 21 1932

20. UNDERTAKER J F Duncan
ADDRESS Mt View Mo

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

1. PLACE OF DEATH

County: Howell — Registration District No.: 383 — File No.:

Township: — Primary Registration District No.: 4226 — Registered No.: 16

City: Mt. View (No. , St. Ward)

2. FULL NAME David E. Edwards

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 5-1867

7. AGE: Years 65 | Months 3 | Days 14 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE ,19

19. UNDERTAKER (ADDRESS)

20. FILED June 21, 1932 Genevieve J. Sop Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....19...., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Shot Gun was in hands of Farmer	
Lodged in Wrist	
Lost Arm	
Other contributory causes of importance: Abscess on Stomach caused by shot	171

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ....., M. D.

(Address) .....

SUPPLEMENTARY

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